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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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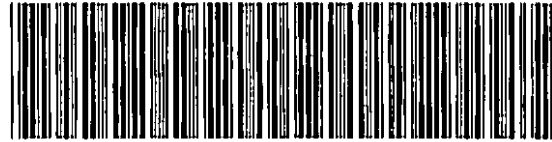
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 JAN 24 PM 2:45
TALLAHASSEE, FLORIDA

J. LEGGETT
JAN 25 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2018

ROBERT GRIGGS
13 HAVILAND DR
MILLSTONE, NJ 08535 US

SUBJECT: SEA SAILS LLC
Ref. Number: W18000005404

We have received your document for SEA SAILS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 918A00001209

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sea Sails LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Robert Griggs

Name of Person

Sea Sails LLC

Firm/Company

13 Haviland Drive

Address

Millstone, NJ 08535

City/State and Zip Code

robertgriggsdmd@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Griggs

732
at ()

690-8898

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

RECEIVED
JAN 25 2019

JL

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Sea Sails LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. New Jersey 3. N/A
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 125 Hwy 516 6. 125 Hwy 516
(Street Address of Principal Office) (Mailing Address)
Old Bridge, NJ 08857 Old Bridge, NJ 08857

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Robert Griggs
Office Address: 387 Aruba Circle, Unit 103
Bradenton, Florida 34209
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity: **Name and Address:** **Title or Capacity:** **Name and Address:**

<u>President</u>	<u>Robert Griggs</u> <u>13 Haviland Drive</u> <u>Millstone, NJ 08535</u>		
<u>Secretary</u>	<u>Linda Kay Griggs</u> <u>13 Haviland Drive</u> <u>Millstone, NJ 08535</u>		

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Signature of an authorized person

Robert Griggs
Typed or printed name of signer

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS**

**SEA SAILS LLC
0400445828**

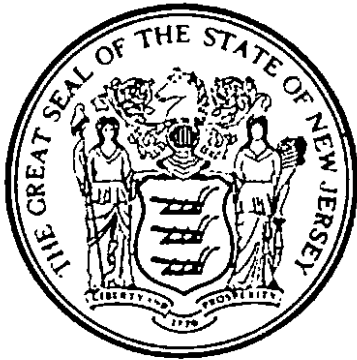
I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on October 10, 2011.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

**ROBERT GRIGGS
125 HIGHWAY 516
OLD BRIDGE, NJ 08857**

I further certify that as of the date of this certificate, no amendments have been filed.



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
12th day of January, 2018*

A handwritten signature in black ink, appearing to read "Ford M. Scudder".

**Ford M. Scudder
Acting State Treasurer**

Certificate Number : 6085310424

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp